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## INTERFACILITY TRANSFER OF STEMI PATIENT

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**THIS POLICY IS FOR HOSPITAL TO HOSPITAL STEMI TRANSPORT ONLY AND SHALL NOT BE USED FOR ANY OTHER REQUESTS FROM OTHER ENTITIES.**

### PURPOSE

To develop a system of care that is consistent with standards of achieving a door to balloon time of less than ninety (90) minutes. This system of care consists of STEMI Receiving Centers (SRC), STEMI Referral Facilities (SRF), EMS Field Providers, ICEMA and EMS leaders combining their efforts to achieve this goal.

### INITIAL TREATMENT GOALS

Patients arriving at SRF by non-EMS:

- <30 minutes at SRF ED (door in/door out)
- ECG obtained within ten minutes of patient arrival
- Consider transferring all STEMI patients who are candidates for primary PCI.
- First hospital DOOR-to-STEMI BALLOON < 90 minutes

### TIMELINES

- <30 minutes at SRF (door in/door out)
- <30 minutes to complete paramedic inter-facility transport
- <30 minutes at SRC before balloon inflation

If there are significant delays (>60 minutes) in transport to a SRC or if weather or road conditions present an unacceptable risk to patient/transporting crew, then administration of lytic agents should be considered in patients that meet thrombolytic eligibility. The goal for door to thrombolytics is <30 minutes.

### PROCEDURE FOR EMERGENT INTERHOSPITAL TRANSFER TO STEMI CENTER

CONTACT SRC EMERGENCY DEPARTMENT (ED) PHYSICIAN DIRECTLY WITHOUT CALLING FOR AN INPATIENT BED ASSIGNMENT.

- The ED physician will be the accepting physician at the SRC.
  - The SRC ED physician will contact the SRC interventional cardiologist panel per SRC facility protocol. SRC ED physicians and cardiologists have agreed to accept STEMI patients at all times irrespective of payer source unless the SRC is on internal disaster diversion in accordance with ICEMA Diversion Protocols.
1. Simultaneously call 9-1-1 and utilize following verbiage to dispatch:  
  
“This is a STEMI INTERFACILITY TRANSFER from \_\_\_\_\_ to \_\_\_\_\_.”  
Hospital STEMI Hospital  
  
Dispatchers will only dispatch transporting paramedic units without any fire apparatus.
  2. Consider use of air ambulance if ground transportation is > 60 minutes. Requests for air ambulance shall be made to 9-1-1 and normal dispatching procedures will be followed; however, air ambulance STEMI will be transported to the SRC identified by the transferring ED.
  3. Assess stability of airway and breathing, and intubate those at risk for respiratory failure prior to or during transport.
  4. Patient must be kept NPO.
  5. Provide continuous cardiac monitoring.
  6. Send all required transfer paperwork including diagnostic lab, x-ray, physician and nursing notes with the transport team. However, do not delay transfer waiting for charting or lab results; these may be faxed to SRC later.

**NOTE – CRITICAL CARE TRANSPORTS**

Paramedics may transport patients on Dopamine, Lidocaine and Procainamide drips only. Heparin and integrillin drips are not within the paramedic scope of practice and require a critical care transport nurse to be in attendance. At times, SRF may consider sending one of its nurses with the transporting paramedic unit if deemed necessary due to patient's condition. Nurse staffed critical care transport units may be available; however, they are subject to availability and delays. Unless medically necessary, avoid using medication drips that are outside of the paramedic scope of practice to avoid any delays in transferring of STEMI patients. Requests of nurse staffed critical care transfers must be made directly to the ambulance transporter.